

KENTUCKY RETIREMENT SYSTEMS

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Member's

SSN --**REQUEST FOR DUPLICATE ANNUAL STATEMENT**

For
Kentucky Employees Retirement System
County Employees Retirement System
State Police Employees Retirement system

In order to process a request for a duplicate annual statement, a written request, **signed by the member**, must be submitted to the attention of the Annual Statement Auditor at the address shown above. Completion of this form constitutes a request for a duplicate annual statement.

MEMBER'S PRINTED NAME: _____

DAYTIME TELEPHONE NUMBER: _____
Area Code Number ExtensionMEMBER'S HOME **MAILING** ADDRESS:

Apt./Street or P. O. Box: _____

City: _____ County: _____

State: _____ Zip Code: _____

Member's Signature_____
Date Signed